

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1"> <tr><td>Application Number</td><td>10/685,867 - Conf. #6650</td></tr> <tr><td>Filing Date</td><td>10-14-2003</td></tr> <tr><td>First Named Inventor</td><td>Horst Haussecker</td></tr> <tr><td>Art Unit</td><td>2624</td></tr> <tr><td>Examiner Name</td><td>LE, BRIAN Q</td></tr> <tr><td>Attorney Docket Number</td><td>21058/1206449-US1</td></tr> </table>	Application Number	10/685,867 - Conf. #6650	Filing Date	10-14-2003	First Named Inventor	Horst Haussecker	Art Unit	2624	Examiner Name	LE, BRIAN Q	Attorney Docket Number	21058/1206449-US1
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First Named Inventor	Horst Haussecker												
Art Unit	2624												
Examiner Name	LE, BRIAN Q												
Attorney Docket Number	21058/1206449-US1												

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;  
 the practitioners (with registration numbers) of record listed on the attached paper(s); or  
 the practitioners of record associated with Customer Number: 07278

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input checked="" type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

#### Certifications

*Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.*

1.  I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2.  I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3.  I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

**Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.**

Change the correspondence address and direct all future correspondence to:

A.  The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

B.  Inventor or  
Assignee Name Intel Corporation

Address 2200 Mission College Blvd.

City	Santa Clara	State	CA	Zip	95054	Country	US
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Telephone	Email
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature /Marie Collazo/

Name	Marie Collazo	Registration No.	44,085
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Address Darby & Darby P.C.  
P.O. Box 770  
Church Street Station

City	New York	State	NY	Zip	10008-0770	Country	US
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Date	August 17, 2009	Telephone No.	(212) 527-7700
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**NOTE: Withdrawal is effective when approved rather than when received.**